

CIMTAC Presentation for ISAC April 2008

Input was requested from the field with a really good response received. Results showed:

1. Lack of knowledge regarding current capabilities
2. Lack of information dissemination
3. Lack of training

CIMTAC actions planned or under discussion include the following:

1. Revival of the CIMTAC listserv to be used for discussion – information dissemination
2. Considering the use of a web page for report – information access
3. Articles in the OIT Newsletter
4. Attempt to increase membership to represent all areas

Approved items:

1. Deletion of Problem List entries will become an audited event
2. Health Factor Naming will be standardized - (i.e. remove the Category stem from some HF names)
3. Asthma Severity - change from Visit-specific to Patient-specific fields
4. Asthma Control - request for a new visit-related field in V Asthma
5. CIMTAC is supportive of setting up Consolidated Mail Outpatient Pharmacy (CMOP) as a pilot for Sells Service Unit

Item considered most critical by CIMTAC, starting with the highest value.

1. Metadata Dictionary development
2. Clinical Queue (currently in use in Billings Area) needs further development and to be deployed throughout IHS
3. Component Framework development
4. Behavioral Health Integration with EHR
5. Inpatient development
6. Inpatient Obstetrics Module
7. Measurements enhancement
8. Care and Treatment Planning Capability
9. Knowledge Database Manager development
10. Case Management Applications development and Integration into iCare
11. Practice Management Applications

Items considered of the most clinical importance, starting with the highest value.

1. Behavioral Health Integration - ability for BH providers to document care in EHR and have it also populate the BH package. (In many locations, BH providers are already documenting in EHR. With true integration, information would feed to the BH Reports.)
2. Many issues about Measurements and Vitals - how important is it for OIT to research and resolve these either through changes to V MEASUREMENTS or adoption of VA Vitals package? (At this time CIMTAC supports the enhancement of our current measurements file. It was felt with this would be a better use of our resources.)
3. Should the EHR Clinical Queue capability that is in use in Billings be further developed and released nationally? (Complete support for this package. It was explained how this differs from the scheduling package, and the scheduling GUI. It supports the management of patient flow.)
4. EHR for Inpatients is proving to be challenging - how should OIT approach this? (It was felt that a group of subject matter experts should be convened to evaluate the package needs for inpatient; to look at what the VA has available, and to look at COTS possibilities. This can assist with informed decisions.)

5. Metadata Dictionary development - should OIT pursue the creation of the Metadata Dictionary? - This is a prerequisite for the Component Framework and Knowledge Database Manager. (The Metadata Dictionary, Knowledge Database Manager, and Component Framework are part of our long range strategic plan. The CIMTAC membership rated these as very important for the future of RPMS and package development.)
6. Knowledge Database Manager Development - should OIT pursue the centralized Knowledge Management system that would be shared/accessed by any application?
7. Component Framework Development - should OIT pursue the Component Framework as a tool for application development in RPMS?
8. ER package compatible with EHR (CIMTAC members felt that with work our current EHR would be the preferred method of documenting ER visits. We would like to see enhancements with our current ERS package.)
9. Care and Treatment Planning - Should RPMS/OIT pursue development of a care planning or treatment planning capability? (All agreed that with the complexities of development and keeping such a system up to date, we should look at an outside package for this)
10. Inpatient Obstetrics Package (While there was some encouragement to look at outside packages, the membership feels this can be delayed until after the implementation of the coming OB module, that will soon be released in a PCC+ format. A GUI format is planned to follow. We would like to build upon that. **What is requested much more, and has been in the priority list for sometime is the OB Delivery Log – in electronic version.**)
11. Family History (Has not been able to be addressed as thoroughly as needed. With more information becoming available, the need to be able to track relatives with certain health condition is of high importance. This will necessitate new development.)
12. Move to a new generation EHR interface that would be Web-enabled, with the possibility for remote hosting of the database. (This would make deployment of EHR much easier for new and/or smaller sites. If national products or Area hosted the database, then there would not have to be local IT support for maintenance/hardware and patches.)